

SUGAR GROVE FIRE PROTECTION DISTRICT 25 S. Municipal Drive Sugar Grove IL 60554 Ph# (630)466-4513 Fax# (630)466-0911

* Note: Copy of Driver's License, Birth Certificate and HS Diploma or equivalent must accompany this application.

INSTRUCTIONS: Fill out this application completely and accurately. If your application is made out properly, it may increase your chances of employment. All statements in your application are subject to verification. Incorrect statement(s) can potentially bar or remove you from employment. If writing space provided is inadequate, use the continuation area at the end of this application. Use the term 'NA' (not applicable) if the questions do not apply.

APPLICATION DATE:									
Name (Last)	(First)	(Middle)	Idle) List any other names, aliases you have used, or been known by (including maiden name if applicable):						
Home Address (No. Street, City, State, Zip Code):			Home Phone:	Cell Phone:	Work Phone:				
Email Address:			Date of Birth: Month	Day	Year				
With whom do you liv	e at the above address	s? List full name and a	relationship:						
Are you a U.S. Citizen YES NO [If 'Yes" Native I	Born 🗌 Naturalized		lized', give particulars	3:				
DRIVING									
Can you operate an automobile? Driver's License Number: Classification YES NO									
Do you possess a valid operator's license from Illinois? If 'Yes", expiration date: YES NO									
Have you ever had an operator's license in any other state? YES NO									
Have you ever been refused an operator's license If 'Yes', Explain: by any state? NO YES NO									
Was your license ever suspended or revoked? If 'Yes', Explain: YES NO									
Has your license ever been on probation? If 'Yes', Explain: YES NO									

FIRE A	ND EMS	S EXPERIE	NCE					
Are you currently active on another fire department?	If 'Yes',	which one(s)?						
YES NO								
Are you now on any fire department eligibility list?	If 'Yes',	If 'Yes', which one(s)?						
YES NO								
Have you ever submitted an application for appointment to another fire department? YES NO	nt If 'Yes'	If 'Yes', which one(s)?						
List all Fire/EMS Training/Certifications you have received (such as Basic Operations Firefighter, EMT, etc.):								
EDUCATION								
List the various Schools you have attended and other in	nformation rec	uested:						
Name and address of School (including City, State & Zip Code)	No. of Years Completed	No. of YearsDate(s) AttendedAverage Grade						
Grammar School					*****			
Middle/Jr. High School					*****			
High School								
College or University								
Other								
Were you ever expelled or suspended from any school?	YES NO	D If 'Yes', Plea	se Explain:	<u>.</u>				

RESIDENCY										
List your address for the last FIVE YEARS (if applicable), starting with your present address.										
FROM (Mo. & Yr.)	TO (Mo. & Yr.)	ADDRESS OF RESIDENCE				CITY, STATE & ZIP CODE				
			М	ILI	ΓARY					
	1	·					1 6	a .:		
	have you ever be	en in the militar	y service for	the Us	SA? IT y	ves, Brand	ch of a	Service:		
YES NC Service Serial N	umber:	Highest Rank H	Held:	Т	ype of Disc	harge:	Date of Discharge:			
		-				-	6			
Dates and Locations of Active Duty:										
Period of Active Duty:										
From: To:										
Are you now or were you ever an active memberUnit:Rank:Dates:of any branch of the U.S. Military Reserve </td <td></td>										
YES NO						101				
CRIMINAL HISTORY										
a crime?	een convicted of	Date(s):	By	Whon	n (Police D	ept.)		Crime Charged	D	Disposition of Case
YES N If 'Yes', Explain	NO 🗌									
Have you ever been placed on probation? YES NO										
If 'Yes', Explain:										

		TRAFFIC CITATIONS								
List all traffic citations you have received: Approxim Location (City):			ate:		Nature of Violation:	Disposition of Case:				
Are there any warrants, traffic or otherwise, now, pending against you? If 'Yes', Explain: YES NO										
		EMI	PLOYM	ENT						
List all jobs you have held for the last Military Service in proper sequence &				mploym	ent. Put your present of	r most recent job first. Include				
Employer's Name: Addres	58:				Type of Business:	Гуре of Business:				
Name & Title of Supervisor: From: To: Exact					et Title or Position:					
Explain what your duties were:					Reason for Leaving:					
Employer's Name: Address:				Type of Business:						
Name & Title of Supervisor:		From:	To:	Exa	ct Title or Position:					
Explain what your duties were:				Reason for Leaving:						
Employer's Name: Address:					Type of B	Type of Business:				
Name & Title of Supervisor: From: To: E					act Title or Position:					
Explain what your duties were:					Reason for Leaving:					
Employer's Name: Addres	55:				Type of B	usiness:				
Name & Title of Supervisor: From: To: Exa				Exa	ct Title or Position:					
Explain what your duties were:					Reason for	Reason for Leaving:				

ACQUAINTANCES

Fill in below the names of three adults, workers. Names listed should be those					riends, fello	w students, or fellow		
Name:	Address:		Home Phone Number:					
Business Address:	Busine	ss, Occupation, Profession:	How do you know this person?					
Name:		Address:	Home Phone Number:					
Business Address:	Busine	ss, Occupation, Profession:	Business Phone	Phone: How do you know this person?				
Name:		Address:	ddress: Hom			ne Phone Number:		
Business Address:	Busine	ss, Occupation, Profession:	Business Phone	:	How do you know this person?			
		REFERENC	ES					
Fill in below the names of five adults, r more than 5 years). All persons to who qualities.								
Name:		Address:		Home Phone:				
Business Address:		Business Occupation/Profession:			Number:	Years Known:		
Name:		Address:		Home Pho	ne:			
Business Address:		Business Occupation/Profes	Phone Number: Years Known:					
Name:		Address:		Home Phone:				
Business Address:		Business Occupation/Profes	Phone Number: Years Known:					
Name:		Address:	Home Phone:					
Business Address:		Business Occupation/Profes	Phone Number: Years Known:					
Name:		Address:		ne:				
Business Address:	Business Occupation/Profession:			Number:	Years Known:			

EMERGENCY								
Person(s) to be notified in case of emergency:								
Name:	Address:	Home Phone:	Relationship:					
Name:	Address:	Home Phone:	Relationship:					
Name:	Address:	Home Phone:	Relationship:					
Continuance (if necessary):								
MISCELLANEOUS								
Explain your reasons for wanting to become a member of the SGFPD:								
How did you hear about us?								
Online 🗌 Referral 🗌 Who?	Other 🗌							

I certify that there are no misrepresentations, omission, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I further agree and consent in advance to being summarily discharged without cause or hearing if any of the above information contains any misrepresentations or falsifications or if any material information has been omitted.

I authorize and empower the Sugar Grove Fire Department to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, criminal record (if any), health, personal characteristics and node of living through records, correspondence, or personal interviews with neighbors, friends, or associated, or others with whom I am acquainted, or who may have knowledge concerning any of the above items. I swear or affirm the above information is true and correct to the best of my knowledge.

Applicant Signature:

THE SUGAR GROVE FIRE PROTECTION DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER. This organization is committed to the policy of equal employment opportunity in recruitment, hiring, career advancement, and all other personnel practices. Your job related experience and other qualifications will be considered without discrimination on the grounds of race, color, religion, sex, national origin, age, or physical or mental handicap. All information provided in this application will be treated confidentially, and will be used only to help assure the best use of your abilities if you are employed with us.